	TITLE XIX	REPORT OF EXI		
	/FTC/	CAL YTD TOTALS AS OF 02.		
	(113)	AL TID TOTALS AS OF 02,	/20/07)	
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
INPATIENT	71,108	49,458	291,924	\$213,263,200.78
OUTPATIENT	272,024	593,054	11,524,143	\$108,587,448.44
CHILD PART HOSP	2	0	0	\$483.02-
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	1	0	0	\$318.09-
ADULT DAY TREATMENT	1	2	46	\$709.32
SKILLED NURSING FACILITY	3,069	5,953	72,846	\$13,435,697.04
INTERMEDIATE CARE FACILITY	17,889	109,562	3,163,425	\$289,789,719.66
INTER CARE MENTAL RETARDA	2,291	17,536	520,419	\$167,241,217.85
NURSING FAC FOR MENTAL ILL	45	272	8,064	\$1,962,225.38
HOME HEALTH	25,961	104,777	1,797,542	\$62,100,380.36
LEAD INSPECTION AGENCY	72	77	78	\$31,250.39
PHYSICIAN	284,919	1,860,681	2,689,332	\$158,030,891.06
CLINIC SERVICES	68,916	196,281	181,199	\$22,365,772.07
MEP CASE MANAGEMENT	9	0	0	\$3,368.77
LAB AND RADIOLOGICAL	85,472	111,408	183,117	\$3,217,301.34
REMEDIAL SERVICES	2,323	13,527	328,999	\$3,297,527.93
REHAB SUPPORT SERVICES	3,580	26,978	481,629	\$25,562,573.49
AMBULANCE SERVICES	15,227	23,100	22,577	\$2,568,109.09

18,885

8,214

75,352

123,095

39,033

993,982

109,152

260,400

223,897

19.766

5,341

11.418

96,118

112.807

41,741

6,096

12,029

38,638

16,478

2,399

453

128.389

152.947

208,691

2

n

0

n

0

2,835,028

2,247,412

1.878.419

2,539,608

14,632

75,832

122,939

39,031

993,851

109.152

12,498,415

1,345,908

174.274

24,226

206.153

211,341

101,895

144.951

51,951

161,736

320,770

46,811

466,046

51,035

27,500

4.785.045

2.782.291

2.247.412

Π

О

2.979

1,283

n

0

3

248,023

27,589

74.831

6,888

7,503

49,564

47,172

3,500

1,607

113,706

64,583

24.305

17,948

706

825

8,693

2,541

9,913

10.236

301

48

780

171,772

331,192

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 02/24/07

\$8,867,821,90

\$152,087,996.76

\$5,287,875.80

\$65,458,295.72

\$9,540,670.47

\$6,036,604.48

\$1,987,580.08

\$4,810,159.19

\$27,575,550.07

\$10,217,176.73

\$5,033,100.45

\$1,077,245.52

\$13,324,743.02

\$28,886,438.37

\$5,367,903.51

\$3,559,953.82

\$1,497,399.26

\$2,036,822.88

\$8,374,973.68

\$1,516,265.59

\$3,619,460.74

\$1,403,544.26

\$31,898,268.83

\$283,241.29

\$173,646,034.49

\$5,014.25

\$309,201.58

\$0.00

\$0.00

\$3.51-

\$6,464.90-

1

IAMM2200-R003 (MR-0-12)

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

AS OF 02/28/07

IAN	M22	00-	R003	(MR-O-12)
AS	OF	02/	28/07	

\* ALL CATEGORIES \* 439,242

MEP SERVICES UNASSIGNED

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 02/24/07

> TOTAL PAYMENT \$12,268,211.24

\$20,627,924.25

\$1,678,286,826.93

\$231,225.25

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 02/28/07)

79,427

0

11,004,690

\*\*\* END OF REPORT \*\*\*

82,235

0

53,558,216

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
ILL & HANDICAPPED WAIVER SVCS	2,590	24,834	789,415
COUNTY OFFICE REIMBURSEMENT	0	0	0

11,664

2,370